

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP) Health Science and Technology Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Work Phone ()
E-mail Address			Home Phone ()	
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching				
Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical <input type="checkbox"/> CTE/APP				

Check only one	<input type="checkbox"/> I am requesting the Health Science and Technology endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$35.00 is enclosed. OR <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Health Science and Technology endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$30.00, paid by my School District , is enclosed.
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Health Science and Technology Education Endorsement Area(s) For Which You Are Applying:		
Health Science <input type="checkbox"/> Introduction to Health Science/Health Technology <input type="checkbox"/> * Medical Anatomy and Physiology (MAP) <input type="checkbox"/> Introduction to Emergency Medical Services <input type="checkbox"/> Exercise Science/Sports Medicine <small>* Biotechnology, Advanced Health Science, Medical Math and Medical English are assignments under the MAP endorsement</small>	Health Technology <input type="checkbox"/> Emergency Medical Technician <input type="checkbox"/> Nurse Assistant <input type="checkbox"/> Dental Assistant <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Office Administrative Assistant	Health Technology <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Medical Records Technician <input type="checkbox"/> Medical Transcriptionist <input type="checkbox"/> Other _____

Health Care Certifications/Registrations/Licensure (Attach documentation)		
Health Care Certifications/Registrations/Licensure	Date Obtained	Date to be completed

Related Course Work (Attach an official copy of the transcripts)					
Name of Institution	School Term	Course No.	Course Name	Credits	Date to be completed

Work Experience (Letters from employers verifying experience, including dates, must be submitted with application)					
From		To		Total Months	Company Name & Address
Mo	Yr	Mo	Yr		

Signature of Applicant	Date
X	

Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752
\$35.00 endorsement fee or \$30.00 SAEP fee must be included with this application (*see information above)

----- **-Information below to be completed by USOE personnel-** -----

Endorsement(s) Recommended		SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved	
		_____ work credits _____ course credits _____ total credits	
		CTE Specialist Signature	Date
		Endorsement(s) Awarded	
		CTE Specialist Signature	Date